

RECOMMENDATION FOR ADMINISTRATIVE ACTION

ENTERED ON
324 LEDGER
WISCONSIN Administrative Code
Chapters DOC 331 & DOC 328

NAME (Last Name First) HUBER II, ROBERT W	CLIENT NUMBER 193205	DATE OF BIRTH [REDACTED]	ORDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> PAROLE CASES AFFECTED <input type="checkbox"/> ADDITIONAL: ALL CASES MR DATE <input type="checkbox"/> OLD LAW <input type="checkbox"/> NEW LAW <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE AFTERCARE		<input checked="" type="checkbox"/> PROBATION CASES AFFECTED A <input checked="" type="checkbox"/> 88F0113 <input type="checkbox"/> <input type="checkbox"/> ADDITIONAL: <input checked="" type="checkbox"/> ALL CASES	
PRESENT ADDRESS OR WHEREABOUTS -- IF IN CUSTODY, WHERE? [REDACTED]		DATE PLACED IN CUSTODY ON DOC HOLD 9-22-97	EFFECTIVE DATE OF VIOLATION 4-2-96

AGENT'S RECOMMENDATION	
<input type="checkbox"/> Stop time effective _____ (date)	
<input checked="" type="checkbox"/> Start time (reinstate probation or parole) <input checked="" type="checkbox"/> Time tolled from 4-2-96 (date) <input type="checkbox"/> No time tolled	
<input type="checkbox"/> Request for death certificate. Date of death: _____ Place of death: _____	
<input type="checkbox"/> Transfer to _____ city _____ county.	
A DOC-3 is needed for all the following actions.	
<input type="checkbox"/> Revocation of probation (Imposed and Stayed Sentence)	
<input type="checkbox"/> Revocation of probation and return to court (Sentence Withheld)	
<input type="checkbox"/> Revocation of parole - old law: <input type="checkbox"/> Recommend forfeiture of _____ years _____ months _____ days good time. <input type="checkbox"/> Approve earning of good time on forfeited good time. <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Revocation of parole - new law: <input type="checkbox"/> Recommended reincarceration for _____ years _____ months _____ days.	
<input type="checkbox"/> Revocation and return to EAS / LHS (Juvenile cases only)	
<input type="checkbox"/> Withdraw revocation request	
<input type="checkbox"/> Discharge (Use only for Administrative or Early Discharge)	
<input type="checkbox"/> Corrections to the accompanying computer information (No approvals necessary)	
<input type="checkbox"/> Other - Explain:	

RECOMMENDATION SUBMITTED FOR THE FOLLOWING REASON
(FOR ANY REVOCATION ACTION ATTACH A DOC-414 INSTEAD OF COMPLETING THIS SECTION):
He appeared has been located and satisfactorily accounted for his whereabouts and activities while in absconder status.

AGENT'S SIGNATURE <i>Mike Walejski</i>	DATE SUBMITTED 9-30-97	AREA NUMBER 32409
SUPERVISOR'S REVIEW		
<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> WAIVERS ATTACHED <input type="checkbox"/> HEARINGS REQUESTED		
FIELD SUPERVISOR'S SIGNATURE <i>Steven S. Linderman</i>	DATE SIGNED 10/01/99	
REGIONAL CHIEF'S REVIEW		
<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> REGIONAL CHIEF'S SIGNATURE <i>John K...</i>		
DATE SIGNED 10/4/99		

Current Agent Area #: 32409 As of: 03/31/98 Date printed: 05/10/98

ENTERED ON
324 LEDGER

DEPARTMENT OF CORRECTIONS
Division of Probation and Parole
DOC-44 (Rev. 01/95)

RECOMMENDATION FOR ADMINISTRATIVE ACTION

WISCONSIN
Administrative Code
Chapters DOC 331 & DOC 328

NAME (Last Name First) HUBER II, ROBERT W	CLIENT NUMBER 193205	DATE OF BIRTH A [REDACTED]	ABSCONDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<input type="checkbox"/> PAROLE CASES AFFECTED <input type="checkbox"/> ADDITIONAL: <input type="checkbox"/> ALL CASES MR DATE <input type="checkbox"/> OLD LAW <input type="checkbox"/> NEW LAW <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE AFTERCARE	<input checked="" type="checkbox"/> PROBATION CASES AFFECTED A <input checked="" type="checkbox"/> 88F0113 <input type="checkbox"/> ADDITIONAL: <input checked="" type="checkbox"/> ALL CASES
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PRESENT ADDRESS OR WHEREABOUTS -- IF IN CUSTODY, WHERE? [REDACTED]	DATE PLACED IN CUSTODY ON DOC HOLD 9-22-97	EFFECTIVE DATE OF VIOLATION 4-2-96
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AGENT'S RECOMMENDATION

☐ Stop time effective _____ (date)

☒ Start time (reinstate probation or parole)
☒ Time tolled from 4-2-96 (date)
☐ No time tolled

☐ Request for death certificate. Date of death: _____ Place of death: _____

☐ Transfer to _____ city _____ county.

A DOC-3 is needed for all the following actions.

☐ Revocation of probation (Imposed and Stayed Sentence).

☐ Revocation of probation and return to court (Sentence Withheld).

☐ Revocation of parole - old law:
☐ Recommend forfeiture of _____ years _____ months _____ days good time.
☐ Approve earning of good time on forfeited good time. ☐ YES ☐ NO

☐ Revocation of parole - new law:
☐ Recommended reincarceration for _____ years _____ months _____ days.

☐ Revocation and return to EAS / LHS (Juvenile cases only)

☐ Withdraw revocation request.

☐ Discharge (Use only for Administrative or Early Discharge)

☐ Corrections to the accompanying computer information (No approvals necessary)

☐ Other - Explain: _____

RECOMMENDATION SUBMITTED FOR THE FOLLOWING REASON
(FOR ANY REVOCATION ACTION ATTACH A DOC-414 INSTEAD OF COMPLETING THIS SECTION):

He aforesaid has been located and satisfactorily accounted for his whereabouts and activities while in absconder status.

AGENT'S SIGNATURE <i>Mike Walejski</i>	DATE SUBMITTED 9-30-97	AREA NUMBER 32409
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SUPERVISOR'S REVIEW

☒ APPROVE ☐ DISAPPROVE ☐ WAIVERS ATTACHED ☐ HEARINGS REQUESTED

FIELD SUPERVISOR'S SIGNATURE <i>Steven S. Landrean</i>	DATE SIGNED 10/01/97
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REGIONAL CHIEF'S REVIEW

<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	REGIONAL CHIEF'S SIGNATURE <i>John E. [unclear]</i>	DATE SIGNED 10/4/97
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Current Agent Area #: 32409

As of: 03/31/98

Date printed: 05/10/98

DCC0020

REQUEST FOR REINSTATEMENT

CLIENT NAME	CLIENT NUMBER	CLIENT STATUS
Huber, I I, Robert, W	193205	<input checked="" type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE

I, Robert W. Huber II, admit that I violated the rules and conditions of my probation/parole supervision on or about 4-2-96 by

absconding from supervisor then 9-21-99,

I hereby request the Wisconsin Department of Corrections to reinstate my probation/parole. I also acknowledge that the period of my probation/parole was tolled i.e., stopped running, from the date of my violation until reinstated by the Department pursuant to Sec. 57.072, Wisconsin Statutes.

If on parole, I also acknowledge that ____ years ____ months and ____ days time is available for forfeiture and that all or part of it may be forfeited pursuant to Sec. 53.11(2a), Wisconsin Statutes.

SIGNATURE OF CLIENT

[Signature]

DATE SIGNED

9/28/99

SIGNATURE OF WITNESS(ES)

[Signature]

DCC0030

Region 3
ORDER REINSTATING PROBATION

32409

OFFENDER NAME HUBER II, Robert W	DOC NUMBER 193205	COURT CASE NUMBER 88F0113 <i>A</i>
OFFENSE(S) Forgery (Uttering)	STATUTE(S) VIOLATED 943.38 (2)	
TERM OF PROBATION 4 years	DATE PLACED ON PROBATION 11/03/88	DATE OF ALLEGED VIOLATION (on or about) 04/02/96

WHEREAS, A Probation Violation Warrant was issued on

April 2, 1996

Date

AND WHEREAS, it appeared from the reports submitted by the Division of Community that the probation violation before referred to should be reconsidered for the reason(s) that:

ENTERED FEB 17 2000

The aforesaid has accounted for his/her whereabouts and activities while in absconder status.

AND WHEREAS, it has been found that the aforesaid has violated the terms of his/her probation as evidenced by:

☒ Aforesaid's signed acknowledged admission of violation of his/her probation as alleged.

☐ Hearing Examiner found that the aforesaid violated his/her probation as alleged.

NOW THEREFORE, IT IS ORDERED, that the aforesaid probation be reinstated pursuant to Wisconsin

Statutes, effective September 28, 1999 to serve the balance of his/her period of probation which

is now determined shall expire on December 31, 2001 Unless otherwise discharged

Pursuant to law.

Witness my hand and the Seal of the
Wisconsin Department of Corrections
at Madison, Wisconsin

STATE OF WISCONSIN
Department of Corrections

James L. Cummings

16 day of February, 2000

DCC Regional Chief / Designee

DCC0643